

Case Number:	CM15-0083710		
Date Assigned:	05/06/2015	Date of Injury:	02/23/2009
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, with a reported date of injury of 02/23/2009. The diagnoses include lumbar radiculopathy, lumbar disc disease, thoracic sprain, and coccyx fracture. Treatments to date have included oral medications and topical pain medication. The medical report dated 03/11/2015 indicates that the injured worker injured her coccyx, lower back, and thoracic spine. She stated that with the current regimen, she had become more functional than ever before. The treatment plan included a refill of Flurbiprofen cream 20% used to avoid excessive use of oral non-steroidal anti-inflammatory drugs (NSAIDs) since she had liver problems in the past. The Flurbiprofen cream helped reduced pain and helped with sleep due to decreased pain. With the oral NSAIDs, the injured worker was getting gastritis. She was unable to walk or have much activity throughout the day due to pain. No objective findings were documented. The treating physician requested two tubes of Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen cream 20% #2 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen cream 20% #2 tubes is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbar disc disease; thoracic sprain; lumbar radiculopathy; and coccyx fracture. The documentation shows the injured worker was using ketoprofen topical in December 2014 and January 2015. There was no evidence of objective functional improvement with ketoprofen topical cream. The treating provider (changed) prescribed Flurbiprofen topical February 7, 2015. He states this compound is stronger than the ketoprofen. Flurbiprofen subjectively provides relief. There is no documentation of objective functional improvement. The medication was renewed March 11, 2015. Topical flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical Flurbiprofen) that is not recommended is not recommended. Based on the final information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen cream 20% #2 tubes is not medically necessary.